



**Montana Application for Certification as an  
OPERATOR of A WATER DISTRIBUTION SYSTEM, A WATER  
TREATMENT SYSTEM or WASTEWATER TREATMENT SYSTEM**  
(in accordance with Sections 37-42-101 through 37-42-322. MCA).

rev. 10/07

**MAIL WITH CORRECT FEES TO:**

MT DEQ/WWOC  
P.O. Box 200901  
Helena, MT 59620-0901  
Phone: (406) 444-4584

*See below for fees due  
with application*

Please leave blank - For office use only

**Operator Status:**

Temporary \_\_\_\_\_ Date \_\_\_\_\_  
In Training \_\_\_\_\_ Date \_\_\_\_\_  
Fully Certified \_\_\_\_\_ Date \_\_\_\_\_

**OPERATOR NUMBER**

**Application Status:**

Water Application pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Water Examination pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Wastewater Application pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Wastewater Examination pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Reciprocity pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Study Materials Sent on: \_\_\_\_\_

**GENERAL INFORMATION:** To be fully certified, applicants must pass the appropriate examination, have a high school diploma or equivalent, and fulfill the appropriate experience requirements for each class (Class 1 = 2 years; Class 2 = 1.5 years; Class 3 = 1 year; Class 4 = 6 months; Class 5 = 3 months).

Examinations are scheduled several times throughout the year for all classifications. Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program at (406) 444-4584. Applications, fees and examination notices **MUST** be submitted at least **15 days** before the examination.

Application fees are **\$70 for water** and/or **\$70 for wastewater**. Examination fees are **\$70** for each type of examination (water distribution, water treatment, and/or wastewater). Well Water Systems are combined in one examination and fee for classes: 2A3B, 3A4B, 4AB, and 5AB. Please include these fees with this application. **Application and fees are good for one year from date of the application and are not refundable.**

NAME: \_\_\_\_\_  
Last First Middle Social Security No. Birth Date

HOME ADDRESS: \_\_\_\_\_  
Street or P.O. Box City State Zip County

Home Phone Cell Phone Business Phone Business Fax# Primary E-mail Address

WATER/WASTEWATER SYSTEM EMPLOYMENT: \_\_\_\_\_  
Your Job Title Your Supervisor's Name

System Name PWS or MPDES # System MAILING Address City ZIP County

OPERATOR CERTIFICATIONS PRESENTLY HELD, IF ANY: \_\_\_\_\_ OPERATOR #: \_\_\_\_\_

MAIL INFORMATION TO: \_\_\_ Home or \_\_\_ Work

**TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:**

TYPE	CLASS					(Please leave blank - For office use only - Exam #)	
	1	2	3	4	5		
<b>A</b> Water Distribution System Operator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>B</b> Water Treatment Plant Operator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>C</b> Wastewater Treatment Plant Operator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	_____	_____
<b>D</b> Industrial Wastewater Treatment Plant Operator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--	_____	_____

**IMPORTANT:** *The information provided below will be crucial in determining if you will become an operator-in-training or a fully certified operator.*

**SYSTEM GENERAL EXPERIENCE RECORD:**

<b>What year did you enter work in a WATER DISTRIBUTION (WD) SYSTEM?</b> <b>Enter number of <u>years</u> WD experience in:</b> 1. Operation and maintenance: _____ _____ 2. Maintenance: _____ _____ 3. Other (describe): _____ _____ _____ _____	<b>What year did you enter work in a WATER TREATMENT (WT) SYSTEM?</b> <b>Enter number of <u>years</u> WT experience in:</b> 1. Groundwater source: _____ 2. Surface water source: _____ 3. Chlorination: _____ 4. Fluoridation: _____ 5. Stabilization: _____ 6. Iron or manganese removal: _____ 7. Lime, lime/soda softening: _____ 8. Coagulation & sedimentation: _____ 9. Filtration: _____ 10. Other (describe): _____ _____ _____	<b>What year did you enter work in a WASTEWATER (WW) SYSTEM?</b> <b>Enter number of <u>years</u> WW experience in:</b> 1. Conventional/high rate activated sludge: _____ 2. Biological nutrient removal: _____ 3. Physical-chemical treatment: _____ 4. Extended aeration: _____ 5. Oxidation ditches: _____ 6. Trickling filters: _____ 7. Package plants: _____ 8. Bio-discs: _____ 9. Aerated lagoons: _____ 10. Facultative lagoons: _____ 11. Other: _____ _____
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**SYSTEM DETAILED EXPERIENCE RECORD:** Please list below your **water distribution, water treatment, and wastewater system** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately the same as though this had been for separate employers. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

System Name: _____ Owner Name: _____ PWS # _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) _____ Superintendent _____ Chief Chemist _____ Asst. Supt. _____ Lab Tech. _____ Shift Spvr. _____ Mechanic _____ Operator _____ Electrician Other: _____	<p align="center"><u>EMPLOYMENT DATES</u></p> <p align="center">From _____ To _____          _____          Month and Year                      Month and Year</p> <p align="center">Total _____ employed          _____          Years and Months</p> <p align="center">Hours per week _____</p> <p align="center">_____ Full time                      _____ Part Time</p>	<p><u>DETAILED DESCRIPTION OF DUTIES</u>          (If work was of a supervisory nature, give number supervised)</p> <p>Specific Duties: _____          _____          _____          _____</p> <p>Reason for Leaving: _____          _____          _____</p>
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**PLEASE DESCRIBE THE SYSTEM PRESENTLY OPERATED:** *(type of system, treatment, and population served - be specific):*

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**EDUCATIONAL REQUIREMENT:** All applicants for certification are required to have graduated from high school or hold a G.E.D. Certificate, unless the applicant submits a written application for a special exception from this requirement and the department grants the exception. Contact the certification office to receive a high school diploma waiver form.

Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed.**

**HIGH SCHOOL DIPLOMA** \_\_\_\_\_  
Name and Location Year Graduated

**or G.E.D CERTIFICATE** \_\_\_\_\_  
State Where Issued Date of Issue

**or HIGH SCHOOL WAIVER** \_\_\_\_\_  
(DEQ employee's initials) (Date of Approval)

**COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location Major and Minor Curricula

\_\_\_\_\_  
Degree earned Date Quarters or Semesters Completed

**OTHER COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location Major and Minor Curricula

\_\_\_\_\_  
Degree earned Date Quarters or Semesters Completed

**EMPLOYER NOTIFICATION** (Your employer will automatically be notified if they paid your application and examination fees. If your employer **DID NOT** pay, please check one):

\_\_\_\_\_ Please notify my present employer of the results of my examination(s).

\_\_\_\_\_ DO NOT notify my present employer of the results of my examination(s).

**CERTIFICATE OF APPLICANT:** (Important - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned. **All signatures must be notarized.**)

**I agree to uphold the Montana Operator Code of Ethics which reads:** "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

**I swear under penalty of perjury that all information provided in this application submitted for certification is true.** I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Applicant's signature)

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

**NOTARY PUBLIC for the State of Montana**  
Residing at \_\_\_\_\_, Montana  
My commission expires: \_\_\_\_\_